	POS-010	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY	
Write your name and address here.		
Write your phone number here. E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO STREET ADDRESS: 400 McAllister Street		
street address: 400 McAllister Street Mailing Address: Probate Department, Room 103		
city and zip code: San Francisco, CA 94102		
BRANCH NAME:		
Guardianship of: Write child's full name here.	CASE NUMBER:	
minor	Write your case number here.	
	Ref. No. or File No.:	
PROOF OF SERVICE OF SUMMONS		
(Separate proof of service is required for each party serve	d)	
At the time of service I was at least 18 years of age and not a party to this action.		
2. I served copies of:		
a. summons		
b. complaint Check this box.		
c. Alternative Dispute Resolution (ADR) package		
d. Civil Lase Cover Sheet (served in complex cases only)		
e		
3. a. Party served (specify name of party as shown on documents served):		
Write the name of the person who was served here.		
b. Person served: party in item 3a other (specify name and relationship	to the party named in item 3a):	
4. Address where the party was served: Write the address where the person was served here.		
5. I served the party <i>(check proper box)</i> Check this box.		
a. by personal service. I personally delivered the documents listed in item 2 to and 416.10)	the party (Code Civ. Proc., §§ 415.10	
(1) on (date): Write the date of service here. (2) at (tin	write the time of service here.	
b. by substituted service. I left the documents listed in item 2 with or in the pr	esence of the person indicated in item 3b:	
(1) (business) a person at least 18 years of age apparently in charge the party. I informed him or her of the general nature of the papers		
(2) (home) a competent member of the household (at least 18 years place of abode of the party. I informed him or her of the general national states of the party.		
(3) (physical address unknown) a person at least 18 years of age a mailing address other than a United States Postal Service post of general nature of the papers.		
(4) on (date): at (time):		
(5) I thereafter mailed (by first-class, postage prepaid) copies to the pleft (Code Civ. Procedure 415.20(a)–(b)) on (date): or	party at the place where the copies were declaration of mailing is attached.	
(6) A declaration of diligence is attached stating actions taken first t	o attempt personal service.	

Guai	rdianship of:	CASE NUMBER:
	Write child's full name here.	write your case number here.
с	by mail and acknowledgement of receipt of service. I mailed the address shown in item 4, by first-class mail, postage prepaid, (1) on (date): (3) with two copies of the Notice and Acknowledgment of First to me. (Attach completed Notice and Acknowledgement)	(2) from <i>(city):</i> Receipt and a postage-paid return envelope addressed
d	(4) to an address outside California with return receipt required by other legal means (specify code section): Additional page describing service is attached.	uested. (Code Civ. Procedure, § 415.40)
6. The "Noting a	ice to the Person Served" (on the summons) was completed as follo as an individual defendant. as the person sued under the fictitious name of (specify): as occupant. On behalf of (specify): under: CCP 416.10 (corporation) CCI CCP 416.20 (defunct corporation) CCI CCP 416.40 (association or partnership)	pws: EP 416.60 (minor) EP 416.70 (conservatee) EP 416.90 (individual) EP 415.46 (occupant)
a. Name b. Addre c. Telep d. The fe e. I am: (;	number of the person who served the papers	s here. ou paid to have the papers served here. s Code section 22350(b).
ړ	(ii) Registration no.: Check this box if you are not a California sheriff or n	marshal.
	eclare under penalty of perjury under the laws of the State of Califo or m a California sheriff or marshal and I certify that the foregoing is	
Date:		
Write the n	name of person who served the papers here.	e the person who served the papers sign here
(NAME O	F PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)	(SIGNATURE)